

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M85047** (2)

1. Corporation Name

FOUNDATION CHIROPRACTIC CLINIC, P.A.

Principal Place of Business

Mailing Address

% CHARLES L. MITZELFELD, D.C.
1367 N. MILITARY TRAIL
W PALM BEACH FL 33409

% CHARLES L. MITZELFELD, D.C.
1367 N. MILITARY TRAIL
W PALM BEACH FL 33409



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/08/1988	3a. Date of Last Report 02/17/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.			4. FEI Number 65-0057580	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22. City & State	27. City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country			30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MITZELFELD, CHARLES L., 1367 N. MILITARY TRAIL W PALM BEACH FL 33409				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. Zip Code	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME: STVD MITZELFELD, WARD L	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS: 1367 N MILITARY TRAIL	1.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY-ST-ZIP: W PALM BEACH FL	1.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE: PD	1.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME: MITZELFELD, CHARLES L.	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS: 1367 N. MILITARY TRAIL	2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
7. CITY-ST-ZIP: W PALM BEACH FL 33409	2.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
8. TITLE: <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME: <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS: <input type="checkbox"/> DELETE	3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
11. CITY-ST-ZIP: <input type="checkbox"/> DELETE	3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. TITLE: <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME: <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS: <input type="checkbox"/> DELETE	4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
15. CITY-ST-ZIP: <input type="checkbox"/> DELETE	4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
16. TITLE: <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME: <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS: <input type="checkbox"/> DELETE	5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
19. CITY-ST-ZIP: <input type="checkbox"/> DELETE	5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
20. TITLE: <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
21. NAME: <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
22. STREET ADDRESS: <input type="checkbox"/> DELETE	6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
23. CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
24. TITLE: <input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)